

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Michigan Citizens for Fiscal Responsibility

(b) Address (number and street)

☐ check if different than previously reported

1700 E Beltline NW. STE 200

(c) City, State and ZIP Code

Grand Rapids

MI

49525

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001887

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

(b) Communication Title radio advertising

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Stephen Linder

(b) Address (number and street)

112 E Allegan, Ste 700

(c) City, State and ZIP Code

Lansing

MI

48933

(d) Name of Employer or Principal Place of Business

The Sterling Corporation

(e) Occupation

Owner

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

62500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jeffrey Timmer

SIGNATURE Electronically Filed by Jeffrey Timmer

DATE 11/01/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 3

11. Person(s) Sharing/Exercising Control

A.	(a) Name Stephen Linder	Transaction ID : F91.000001	
	(b) Address (number and street) 112 E Allegan, Ste 700		
	(c) City, State and Zip Code Lansing MI 48933		
	(d) Name of Employer or Principal Place of Business The Sterling Corporation	(e) Occupation Owner	

B.	(a) Name Jeffrey Timmer	Transaction ID : F91.000002	
	(b) Address (number and street) 112 E Allegan, Ste 700		
	(c) City, State and Zip Code Lansing MI 48933		
	(d) Name of Employer or Principal Place of Business The Sterling Corporation	(e) Occupation Owner	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 3 / 3

A. Full Name (Last, First, Middle Initial) of Payee Nebo Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee P.O. Box 3775				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">62500.00</div>			
City Washington		State DC				Zip Code 20037	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Radio advertising Trillions							
Name of Federal Candidate Gary Peters		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F94.000002		District: 09					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">62500.00</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">62500.00</div>			